U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PRÉPARING THIS REPORT.

1. File Number U - 11667	2. Fiscal Year Covered From:
	1 / 2 / 2 / 31 / 2 xx
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Enrique K Subiono	Name Waterproofers and Allica Worker
· ·	Labor Organization File Number 012210
P.O. Box, Bldg., Room No., if any P.O. Box 17255	P.O. Box, Building and Room Number, if any P.O. Box 17250
Street	Street
City Honolulu	City Hamalulu
State Hawaii ZIP Code + 4 96817	State Hawaii ZIP Code + 4 96817
5. Position in labor organization. Vice. President	
A. Held an interest in, engaged in transactions (including loans) with, or dimonetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
Stale ZIP Code + 4	The strength of the state of th
Signat	ture
15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section	erjury and other applicable penalties of the law, that all of the information
Signed Cruique K. Subsino	on 8-10-05 808-897-5759

Date

808-897-5759

Telephone Number

Name of Person Filing Enrique Subiano		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	5
8. Name and address of Business (including trade name, if any).  Name Reafers Local 221 Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd. #200  City Honolulu  State Harraii ZIP Code + 4 96617	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Zeofers Local 221 Trust Fund	11.a. Nature of such dealin	g. Coordinates
P.O. Box, Bldg., Room No., if any Street 1199 Dillimsham Blvd. 1200	11.b. Approximate dollar value	
City Honolulu  State Hawaii ZIP Code + 4 96817	12.a. Nature of interest held	Comment of the Commen
	12.b. Amount.	\$14, LCE.CO
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	The same of the sa	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Enrique Subsection	>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines tively seeking to represent, or adirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Reafines Local 221 Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd. #2cc  City Handlulu  State Harvaii ZIP Code +4 90017	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name Zasses Local 221 Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Training	3 Coordinates
Street 1199 Dillingham Blvd. 200	11.b. Approximate dollar valu	e of such dealing.
City Honolulu	12.a. Nature of interest held	or income received.
State Hawaii ZIP Code + 4 92817	Antoex	F
	12.b. Amount.	73,218.28
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
<ol> <li>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name [	The common and a second	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		To the second se
Street	Transconn. A.s.	The state of the s
City	* Year of the second of the se	The Commission was a second or
State ZIP Code + 4	who all popular according to the control of the first of the control of the contr	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	grammer and the second and the second are an industrial and the second and the se

Name of Person Filing Enrique Subience	>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is as (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or adjrectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Refered Lead 221 Treatment Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillington Blvd. #2cc  City Hendland  State Hendland  ZIP Code + 4 9cci. T	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	rition
Name Reaches Local 221 Trust Fund Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd. *** City Hondulu  State Hawaii ZIP Code + 4 9.517	11.a. Nature of such dealing the such de	e of such dealing.  If or income received.
C. Received from any employer (other than an employer covered unde	12.b. Amount. er parts A and B above)	7663.54
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	or other thing of value.  14.a. Nature of payment.	The contract of the contract o
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Enrique Subiano		File Number U-
B. Held an interest in or derived income or economic benefit with monetary versus substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is accepted any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organication.	erwise dealing with the busines: stively seeking to represent, or ndirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name Parfers Local 221 Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd. #2cc  City Handlulu  State Harvaii ZIP Code + 4 95617	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Name Zofers Local 221 Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd. **201	Training	, Instructor
	11.b. Approximate dollar value	e of such dealing.
State Hawaii ZIP Code + 4 90017	12.a. Nature of interest held	d or income received.
	12.b. Amount.	*72.00
Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.  14.a. Nature of payment.	
-		e de la constante de la consta
Name [ Trade Name, if any:		material del de conservation de la conservation de
P.O. Box, Bldg., Room No., if any		WWO Anna
Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Enrique Subcens	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines dively seeking to represent, or prirectly to on otherwise	S
8. Name and address of Business (including trade name, if any).  Name Cook Local 221 Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillsham Byd #2  City Hemolulu  State Heavani ZIP Code +4 90017	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name Reference 22: Truct Fund Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillington Bivd #200  City Henclulu  State Hawaii ZIP Code + 4 96817	11.b. Approximate dollar value 12.a. Nature of interest held	e of such dealing.  or income received.
	12.b. Amount.	<b>4.25.88</b>
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	State of the state	The state of the s
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Envioure Subjections		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	s				
8. Name and address of Business (including trade name, if any).  Name Refere Local 221 Trust Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1190 D:11sham Pard. **2000  City Handulu  State itemrani ZIP Code + 4 90017	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.				
Name Rectors Local 221 Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Truck Fra	d meeting				
Street 1199 Dillingian Bird #200						
City Handrala	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.					
State Hawaii ZIP Code + 4 96617	Lunch	or income received.				
	12.b. Amount,	F25.06				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
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P.O. Box, Bldg., Room No., if any		s control of managers				
Street		Transverse de la constante de				
City	Applications from	nnother agents				
State ZIP Code + 4		The state of the s				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	anappromises decomplete interpretation of the property of the second sec				

May 17, 2005 August 16, 2005	February 22, 2005	December 27, 2004	November 16, 2004	August 17, 2004	May 18, 2004	February 17, 2004	Meeting Date	Investment Committee	October 7, 2005	July 8, 2005	April 8, 2005	January 7, 2005	October 8, 2004	July 16, 2004	April 2, 2004	January 9, 2004	Meeting Date	Board of Trustees
\$249.70	\$158.51	\$209.41	\$256.13	\$203.70	\$200.09	\$242.08	Expense	Total Lunch			\$213.21	\$258.75	\$287.78	\$275.62	\$198.08	\$294.57	Expense	Total Lunch
14	13	11	15	14	15	13	Attending	Trustees & Professionals			12	10	13	<u></u> —	15	13	Attending	Trustees & Professionals
\$17.84	\$12.19	\$19.04	\$17.08	\$14.55	\$13.34	\$18.62	Expense	Individual			\$17.77	\$25.88	\$22.14	\$25.06	\$13.21	\$22.66	Expense	Individual
\$71.34	\$48.77	\$57.11	\$68.30	\$43.65	\$53.36	\$37.24	Allocation	Labor Trustee			\$53.30	\$77.63	\$66,41	\$100.23	\$52.82	\$90.64	Allocation	Labor Trustee
Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique	Vaughn, Robert, Enrique, Mariano	Vaughn, Enrique	In Attendance	Labor Trustee's			Vaughn, Robert, Mariano	Vaughn, Enrique, Mariano	Vaughn, Robert, Enrique,	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	Vaughn, Robert, Enrique, Mariano	In Attendance	Labor Trustee's

November 22, 2005

Name of Person Filing Enrique Sul	iono		File Number U-	
B. Held an interest in or derived income or economic benefit of substantial part of which consists of buying from, selling or leas of an employer whose employees your labor organization rep (2) any part of which consists of buying from or selling or leas dealing with your labor organization or with a trust in which you	sing to, or otherwise resents or is actively single directly or indirect	dealing with the business seeking to represent, or ly to, or otherwise	s	
8. Name and address of Business (including trade name, if any)  Name Refere Local 221 Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1199 Dillingham Blvd.:  City Hondrulu  State Hawaii ZIP Code + 4	# 2 00	Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.2	. Nature of such dealir	ng.	
Name Roofers Local 221 Trust Trade Name, if any:	Fund	Trustee e	ducation	r conference
P.O. Box, Bldg., Room No., if any				
Street 1199 Dillingham Blvd, #2				
City Honolula		Approximate dollar value  Nature of interest held		
State Hawaii ZIP Code + 4 9		Conferenc	and death, and before it also appropriate the between the formation projection and the	<b>SCS</b>
	12.b.	Amount.		*7298.39
C. Received from any employer (other than an employer or from any labor relations consultant to an employer any pay	covered under part ment of money or oth	s A and B above) er thing of value.		
13.a. Name and address of Employer or Labor Relations Consul (including trade name, if any).	ant 14.a	. Nature of payment.		
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Trade Name, if any:				radicable control of the control of
P.O. Box, Bldg., Room No., if any				program of the control of the contro
Street				To the second se
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13.b. Is the Business an Employer or Consultant	14.b	. Amount of payment.		